ST. BARTHOLOMEW'S

HOSPITAL JOURNAL

Vol. L SEPTEMBER 1st, 1946. No. 8

THE COGITATIONS of DEWI

Football and hockey starts. Mingled with one's regrets for the game of tennis which one did not play, and the "chance of a knock" which one neglected, comes pleasant anticipation of the season which lies ahead.

To the bosoms of club-officials this anticipation brings honourable worries. Mr. Dixon wonders optimistically whether the Hockey Club will repeat its successes of last season. Mr. Mangan meditates upon his fixture-list and ponders over the lusty material at the disposal of the Soccer Club. And Mr. Dewi Morgan runs fingers through his inimitable hair and mutters Celtic expletives beneath his breath.

While intending no disrespect to other clubs we must consider that on Mr. Morgan's ample shoulders lies the heaviest burden of the three. Rightly or wrongly the character of the hospital is largely judged upon the performance of its Rugger Club and the problems of Mr. Morgan are, in consequence, the problems of us all.

His difficulties start long before the kick-off. Before the first ball goes into touch he must have his principles in line. Shall he pick players for their personal prowess or for their ability to form part of a united team? Must he discard from the beginning the busy Houseman who cannot play mid-week Cuppers and the erratic genius who will not follow instructions? These, and other questions of general policy, he either must or has decided, for the more definite his views on that persistent problem of What's Wrong with Bart.'s Rugger, the better will he be able to pass on his fine reserves of personal enthusiasm.

This question can easily be answered if we ask it correctly. If we stop saying What is Wrong and start saying Who is Wrong (with an inward glance at our own attitudes) the problem solves itself. It is useless for Mr. Morgan's enthusiasm to be infectious if his followers have inoculated themselves with cynicism. Let us explain. When Mr. Dixey last spoke in public (at the General Meeting of the Union) he felt it necessary to apologise (and to blame the Girl Guides) for his use of the expression "Team Spirit." That such an acute observer of human nature as Mr. Dixey should judge this apology to be necessary is a severe reflection upon the mentality of his audience. Should Mr. Morgan encounter the same jeering response which Mr. Dixey anticipated; should the majority of Bart.'s really consider that self-discipline and enthusiasm are fit objects for derision, then our fixture-card must be cancelled forthwith.

We enjoy the company of the sociable and bibulous as all good Bart.'s men should. But if Mr. Morgan decides to profit by the standard criticism of last year's team and insists that his players confine their physical excesses exclusively to that part of the week-end which follows the match, we cannot but consider his attitude sound and worthy of support. And if, having conferred upon the lucky ones the honour of representing us, he asks that they shall appear regularly and punctually, we (who, alas! will not be among the chosen) can only envy those who receive such an honour at so small a price.

We would also prescribe the proscription of another common fallacy. Even the most dutiful and public-spirited among us are liable in their off-moments, to complain that there are not enough ready-made rugger-players joining the hospital. That Bart.'s are happy to use players who have learnt their skill elsewhere is obvious, but that we should also make the utmost use of talent which comes here in the undeveloped

state is also imperative and often forgotten.

With all this advice let us mix a word of congratulation. We are pleased indeed to hear that the " A " XV is at last to appear in white uniform. In a successful club there should be but little interchange of talent between the 1st and the " A," but with the reappearance of the " A " Interhospital Cup the fielding of a well-turned-out and enthusiastic " A " sides becomes more important than ever. We hope that they too may remain of fairly constant composition from week to week.

One word remains. On top of his other duties Mr. Morgan must not allow himself to play the host unaided. Last year it was not always obvious that opposing teams were not the private guests of the captain. This year we hope that all will do their share whether off the field or on it.

THE PUBLICATION COMMITTEE

Dr. R. Bodley-Scott has kindly accepted our invitation to join the Publication Committee.

TIMES FOR ATTENDANCE IN OUTPATIENTS' DEPARTMENT

In reply to several requests from both Students and Practitioners we are including in this JOURNAL an official list of times for attendance in the Outpatients' and Special Departments of the Hospital. The list is up-to-date and will be revised as necessary.

CONTRIBUTIONS

Contributions for the October issue should be received on or before September 20th.

We should like to remind contributors that the Publication Committee cannot consider articles unless the writer includes his name. Names, however, will not actually be published without the author's permission.

OUR FAULT?

We apologise for certain mistakes which occurred in a notice published in last month's issue on behalf of the Bart.'s Alpine Club. In a letter to the Editor, the secretary, Mr. J. W. Platt, draws our attention to the following facts:

(1) That his initials are J. W. P. not T. W. P.
(2) That the name of the Club Hut is HELYG (not KELYS).
(3) That he wrote " certain *other* experienced members of the club "—not " certain older experienced members," noting with admirable logic that climbers are never old—they either remain eternally young or get killed.

We should like to draw Mr. Platt's attention to his own writing. Whilst fully appreciating the originality of his style we believe that something approximating more nearly to our usual conception of English handwriting would prove to be more intelligible.

CYSTOMETRY and the CYSTOMETROGRAM

By C. E. HARTLEY

This paper is written in the attempt to stimulate interest in urinary bladder function rather than to submit results obtained by use of the cystometer: this is necessary since the series of cystometries so far carried out does not provide sufficient material on which to base results of statistical value. Anyone whose interest in this method of recording bladder function is aroused by the present paper should refer to the studies in cystometry made by Denny-Brown and Robertson in this country and Munro in America

DEFINITION

Cystometry is the study of the neuro-muscular mechanisms of the bladder by means of simultaneous measurements of pressure and capacity. The results obtained can most conveniently and clearly be recorded in the form of a graph—the cystometrogram, in which intra-vesical pressure at a given moment is plotted against the volume of fluid producing it.

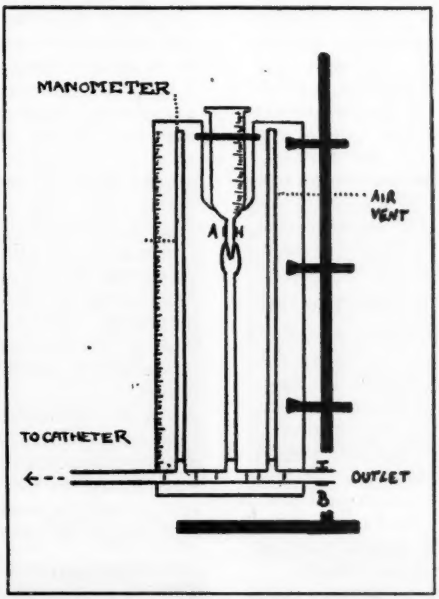
APPARATUS

The apparatus used is one modified from that recommended by Munro, and is illustrated opposite. With the outlet clip B closed, fluid admitted through A from a reservoir, enters the bladder whose internal pressure fluctuations are simultaneously recorded on the manometer. The board on which the system is mounted can be raised or lowered on its stand so as to align the base of the manometer with the symphysis-pubis level.

METHOD

The bladder is first emptied, if possible in the upright position, so that when a catheter has been passed an estimation of the residual urine can be made. As the catheter is being passed, an estimate should also be made of the resistance offered by the external sphincter: this may provide useful indication of the sphincter tone, though other causes of difficulty of catheterisation in the male may confuse the issue.

The catheters used should ideally be of uniform size, but experience would tend to confirm the expectation that providing the bore of the catheter was adequate, consistency of record could be obtained by introducing a glass connection of constant bore between the catheter and the manometer. Munro advises the use of a catheter with a terminal opening, but again the laws of hydrostatics would not seem to be prejudicial to the catheter with a laterally positioned opening. Once the catheter has been passed, the bladder is allowed to empty completely. In atonic bladders considerable care must be taken and time expended in ensuring such an emptying before the cystometry is commenced.



APPARATUS

With the bladder empty, the apparatus is connected to the catheter with the tubing suitably filled with antiseptic fluid, so that air can be expelled prior to lowering the base of the manometer to the level of the symphysis pubis. The fluid level in the manometer is then adjusted to zero and the clip A opened to admit 1:4,000 oxycyanide of mercury, or other suitable antiseptic, at the approximate rate of 10 ccs. per minute. To maintain this rate as near constant as possible, continual adjustments may be necessary as the intra-vesical pressure rises with increasing volumes.

The test chosen for this present series consisted of running 500 ccs. or less — as circumstances permitted — into the bladder in this way, taking 30 readings of intra-vesical pressure for every 50 ccs. volumetric increase; the time also being noted at every 50 cc. stage. No great accuracy is claimed for this method of recording results, since too much obviously depends upon the ability of the operator in spacing his 30 readings evenly during each 50 cc. increase in bladder content, but it should answer most of the purposes of cystometry.

The important part played by the intra-abdominal pressure in augmenting the intra-vesical pressure, was demonstrated by alternate raising and lowering of the foot of the bed during the cystometry, when as much as 6 or 7 cms. pressure variation was recorded over a wide range of pressures and volumes, thus emphasising the need for silence and immobility in the patient during the test. During cystometry, observation should be made of the reaction of the patient to bladder distention as regarding discomfort, pain and desire for micturition experienced.

THE NORMAL CYSTOMETROGRAM

The abnormalities of bladder function can only be appreciated in comparison with the normal and this is particularly so in the realm of cystometry. The present series of cystometries does not include any "normals," and knowledge of the normal cystometrogram is based on the series of 31 cases recorded by Munro (1936).

The two main types of normal response to slow filling may be described as follows:—

(1) The bladder accommodates increasing volumes with minimal rise in pressure (15 cms. usually not being exceeded up to 350 ccs.) by cerebral inhibition of detrusor activity (partial or complete) until some 350-450 ccs. volume is recorded, when the tetanic level of stretch is reached and the bladder empties by bursts of tetanic activity.

(2) Similar partial or complete inhibition of detrusor activity occurs until a volume of 350-450 ccs. is reached, when detrusor activity builds up to a level producing the desire for micturi-

tion; the detrusor waves then summate to produce emptying of the bladder by a single contraction.

There is little essential difference between the two methods described and providing that minor variations are recognised as normal, further division or unification of response to stretch are unnecessary. What is of importance is that the true detrusor wave of contraction should be recognised and differentiated from the artefact. This detrusor contraction is aptly described as a wave since it is a step phenomenon both on the wax and the wane. First, in response to stretching of the bladder wall, a proportion only of the muscle fibres shorten before augmentation of this contraction occurs —once or repeatedly—by the activity of further sets of fibres, this continues until a peak is reached which on the graph represents as a "plateau" effect, that is the pressure is maintained momentarily before the bladder relaxes again by the same step method (see Munro (1936) for his analysis of the phenomenon). The true detrusor wave is absolute evidence of the functional integrity of the neuro-muscular mechanism, whereas the artefact represents but the secondary effect of intra-abdominal pressure variations on intra-vesical pressure.

THE ABNORMAL CYSTOMETROGRAM

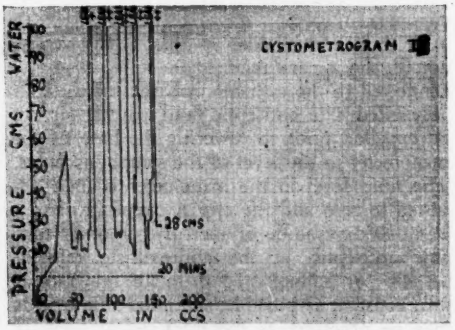
The diagnostic value of cystometry is perhaps limited (see paper by Weyrauch. Lucia and Howard (1944) on the deficiencies of cystometrograms) by the comparative ease with which a diagnosis of bladder dysfunction is arrived at, by observation and from the patient's own history of his or her complaint, but as a means of demonstrating the physiological principles on which that dysfunction is based, it has a definitely valuable part to play, and by its use a more complete diagnosis may be achieved.

The normal act of micturition depends upon the integrated function of—(1) the cerebrum, (2) the micturition centre with lumbar spinal cord, and (3) the peripheral neuro-muscular mechanism of the bladder. In this co-ordinated reflex act, the cerebrum exerts a controlling influence over the cord centre, itself the only true micturition centre, which in turn depends for its function upon the integrity of the vesical neuro-muscular mechanism.

In lesions of the central nervous system, bladder function is determined by—not only the nature of the lesion, but also and as importantly, the level at which that lesion is active. Any lesion of the higher centres themselves or one situated below them but still cephalad to the lumbar cord centre, interrupts partly or completely the passage of inhibitory impulses from the cerebrum, and incontinence is to be expected from the subsequent uncontrolled detrusor activity which is the response to distension of the bladder. Any lesion, on the other hand, of the micturition centre itself, or one situated distal to it, produces a toneless, afunctional bladder—in degree as the lesion is severe, known as the atonic bladder. Examples of these "high" and "low" cord bladders will now be given.

The two cystometrograms that follow illustrate the effect of lesions above the lumbar cord centre, which is the production of a hypertonic, hyper-excitable bladder—deprived as it is, of the controlling influence of the cerebrum: individually these two cases differ only in the severity of the lesion at the time of cystometry, the prognosis for return of function happening to be equally good for both; but this is not usually so. The cerebrum with its profusion of neurones, some of which are able to take over the function of others damaged temporarily or irreparably, must necessarily have a greater power of recovery from injury than the spinal cord with its irreplaceable elements. Thus the spinal cord compression, contusion or laceration, bears with it a greater likelihood of permanent damage, which in the context of this paper means a disturbance of the reflex of micturition, than a similar injury within the cranium; but the cystometrograms in the initial phase before recovery sets in are essentially similar.

The first cystometrogram shown was obtained from a man of 38, who had sustained a severe cerebral concussion two months previously, with damage to the medulla oblongata; interference with the co-ordination of cerebrum and cord micturition centre therefore resulted.

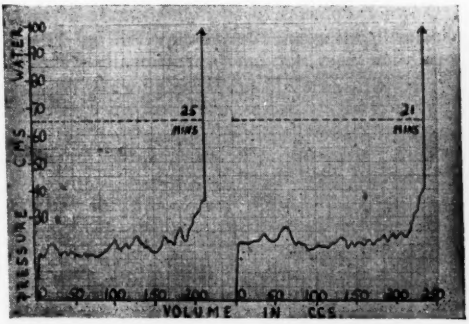


It demonstrates what probably amounts to complete absence of cortical inhibition of detrusor activity—due to the medullary damage, such that emptying contractions occurred at

every stimulus represented by 20 ccs. or less increase in intra-vesical volume. Consequent upon this, although his peripheral neuro-muscular mechanism was unaffected by the injury, he was yet incontinent of urine in his sleep, unless wakened at intervals during the night to forestall this occurrence.

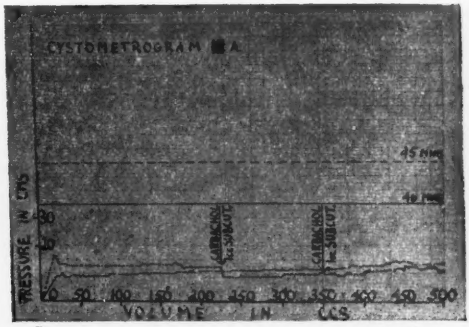
It represents an extreme example of the hypertonic, hyper-excitable bladder.

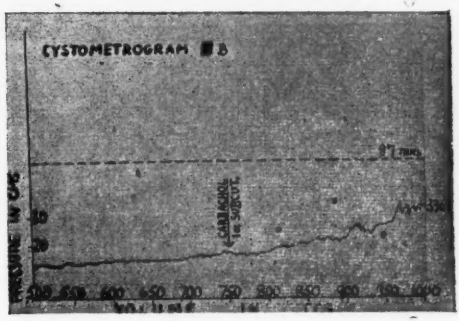
The second cystometrogram is of a similar case, but of less severity, in a man aged 50, whose bladder function was recovering after relief of a spinal cord compression at the (cord) level of D9. The lesion is again one at a site to interfere with the transmission of cerebral impulses of inhibition of detrusor activity, leaving the micturition centre and neuro-muscular mechanism intact. Again there is hypertonicity and hyper-excitability as instanced by an emptying contraction occurring at a volume of 200-250 ccs. instead of the normal 350-450 ccs.



This is the so-called "automatic spinal bladder," a result not only of the lesion illustrated but also of tabes dorsalis when the sensory fibres of the bladder are alone destroyed. Unless such patients are trained to empty their bladders regularly, a contraction occurs leading to an incontinence beyond their power to control, as a response to a certain dimensional distension. In this case, as can be seen from the cystometrogram, the distension needed to be of the order of 250 ccs. before this effect was occasioned. Note the uniformity of the two records in this respect, and the associated hypertonicity (normal pressure for the first 250 c cs. would be less than 10 cms.), which cystometry has shown, is a stage through which all bladder recovery must proceed.

Lesions at a lower lever, both of the cord centre itself and of the cauda equina and nervi erigentes, give rise to the atonic bladder—exampled in the following case. This man had "retention with overflow," a result in his case either of incomplete paralysis of the external sphincter, or a result of the resistance offered by the long and tortuous male urethra to the passage of urine. In the female, where this latter factor is at a discount, the atonic bladder is usually accompanied by an almost constant dribbling incontinence of urine, despite the retention of very small quantities in the bladder at low pressure. In the male, therefore, a fair degree of control over micturition should be established — despite a complete lesion of, for instance, the cauda equina, since his atonic bladder will hold moderate volumes of urine retained by the sphincter-like effect of the perineum; and by applying suprapubic pressure he will be able to pass urine at convenient intervals. The lot of these patients is therefore demonstrably better than that of the patient with a higher lesion and a hypertonic bladder; they cannot, however, guard against stress incontinence, which remains a troublesome feature.





The cystometrogram itself demonstrates:—

(1) accommodation of 1,000 ccs. with a rise in intra-vesical pressure of approximately 20 cms. only.

(2) absence of all detrusor activity over a range of distension amounting to twice or three times the volume at which such normally

occurs prior to evacuation of the bladder.

(3) absence of response to the subcutaneous injection of carbachol.

These are the properties of an atonic bladder.

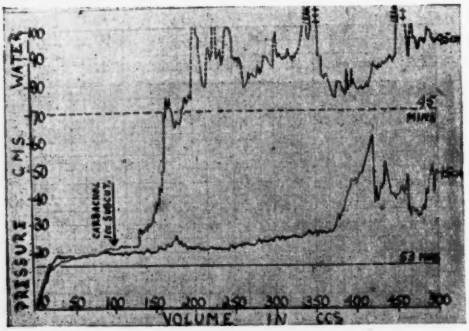
The continuous line tracing in A serves as a control against which the action of carbachol (interrupted-line tracing) can be compared.

Some examples are now given of the way in which cystometry may be of interest and of use to the clinician.

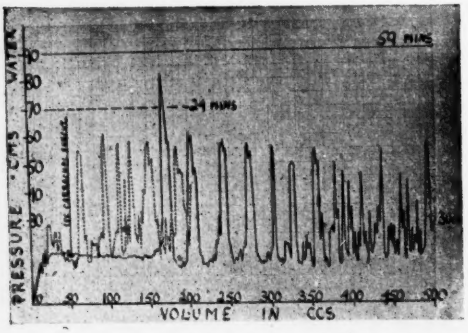
Firstly, cystometograms IV and V demonstrate two differing actions carbachol would seem to have on the bladder: as before, the continuous line of the tracings serves as a control record with which the action on the interrupted-line tracing can be compared.

Either the exhibition of carbachol causes:—

(1) an increase in bladder tonus with increased activity superimposed upon it:



or (2) an increased detrusor activity without a sustained rise in bladder tone.



As will be evident on reference to the criteria of normal bladder response to slow filling, the cases used in the above demonstration of the action of carbachol, did not have normal bladders, there being evidence of hypertonicity in both and abnormal excitability in the second.

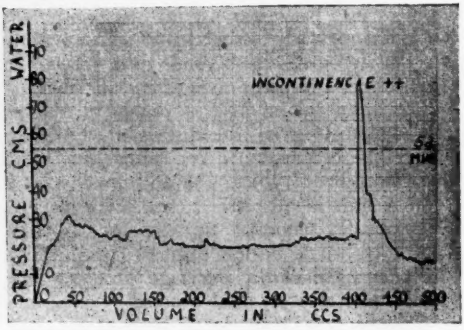
A useful application of cystometry is in the accurate control of decompression of the over-distended urinary bladder. It can be shown that the decompression of such a bladder should be guided by pressure considerations rather than volumetric ones.

In the atonic bladder whose distension has followed—not obstruction to its outflow but paralysis of its muscle wall, large volumes of urine may be retained with little discomfort to the patient, mainly because the intra-vesical pressure is low. In one case with retention of 1,000 ccs. it was only 30 cms., in another it was 17.5 cms. for 1,250 ccs. and in a third 10.5 cms. for a volume of 850 ccs. These bladders behave as elastic bags, and on decompression the pressure falls evenly and proportionally with the fall in intra-vesical volume. Thus slow decompression is unnecessary since the pressure at which a litre of fluid is retained is scarcely higher than that at which some 300 ccs. are contained by the normal bladder, hence an adverse effect upon the kidneys is not to be expected.

On this all would be agreed, but it can be shown cystometrically that in the case of acute painful distension the pressure fall on decompression does not run proportionally with the volumetric fall. Thus decompression without cystometric control is likely to prove unsatisfactory, especially as the intra-vesical pressure may actually rise at one stage as decompression proceeds, due to a stimulation of detrusor activity at the lower pressure level. Above which level the bladder musculature could not previously contract against.

These points were evidenced and amplified in a paper by Cox (*Lancet*, 1945).

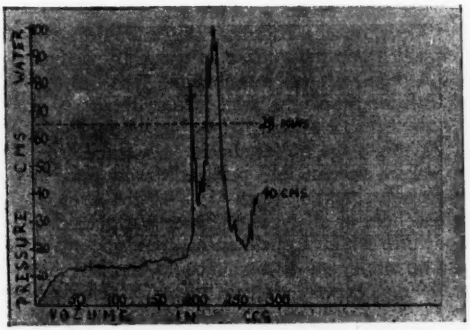
The next three cystometrograms are of interest since they illustrate the expected effects of suprapubic cystostomy, of increasing duration, on bladder function.



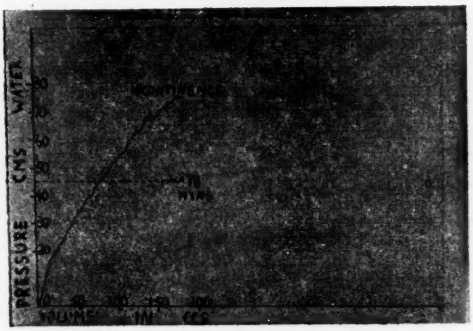
(1) Suprapubic drainage established for six weeks, showing:—

(a) no reduction of capacity,

and (b) moderate hypertonicity (of no significance in this case as the patient had an enlarged prostate, which is commonly associated with hypertrophy and hypertonicity of the bladder).



(2) Suprapubic drainage established for three months, showing:—
(a) moderate reduction of capacity,
and (b) moderate hypertonicity.



(3) Suprapubic drainage established for three years, showing:—
(a) gross reduction of capacity,
and (b) gross hypertonicity.

N.B.—This was originally an atonic bladder following a cauda equina lesion, thus the absence of detrusor activity is not related to the cystostomy itself.

Cystometry has also had a part to play in the elucidation of such problems as stress incontinence and enuresis, and the latter was fully reported in the *B.M.J.* of October 7th, 1944.

In conclusion, apart from all its other uses, the cystometer can readily be adapted for "tidal drainage," thus encouraging the greater use of this excellent method in the rehabilitation and treatment of bladder dysfunction.

I should like to express my acknowledgment of the help and understanding Mr. J. E. A. O'Connell has given me in the practice of cystometry and in the preparation of this paper, to Mr. J. P. Hosford for allowing me the freedom of his wards and the interest he has shown in this study, and to Dr. B. G. Wells for the photographic reproductions of the original cystometrograms.

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Cox, H. T. (1945), *Lancet*, 1, 138.

Denny-Brown, D., and Robertson, E. G. (1933), *Brain*, 56, 179.

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A MOOT POINT

Among the platitudes and shop-talk of the Refectory I was much pleased to overhear an excellent argument among three strangers. After a mediocre beginning as a disagreement about evening dress, it developed, as indicated below, into a discussion of the etiquette of dancing. The characters were: A (the Formalist), B (the Unrepentant Modern), and C (the Cynic).

A: The pleasures of getting into elegant evening clothes, etc.

B: That social informality in general was an excellent development and that dancing in particular was now a more pleasant pass-time than it had ever been.

A: That the "one partner per evening" development was deplorable.

B: That this was not true of all contemporary dances; that Grosvenor House combined the best of the formal and the informal.

A: That one's table at Grosvenor House contained few new faces and compared poorly with the "open field" of the true Ball.

B: That in all old systems the wallflower problem was insuperable.

A: That wallflowers must be the result of (a) faulty invitation or (b) lack of organisation during the dance; that the problem could

be solved by re-introducing dance-cards and by reviving in his full capacity the Host or M.C.

B: That in any but the smallest modern dances this post was outside the capabilities of any one individual.

A: That inability to produce proficient hosts was a severe charge against modern social training; that the present inelastic system (paradoxically the product of informality) had produced a chicken-hearted generation of young men who jibbed even at the idea of asking for an introduction.

B: That the whole business of asking for introductions was an irksome artificiality; that A was asking the impossible as most modern dances were now too crowded for any such system to be workable; that dances sensibly timed to allow for private dining beforehand must result in some degree of fixed partnership, and that duty-dances in all their forms were an intolerable bore.

A: That duty-dances were a small price to pay for the variety of the old order; that they were an elegant and simple method of paying one's respects; that the presence of the older generation as amiable chaperones and venerable gentlemen was an excellent thing. Ideas were mingled and such folk were well able to supplement the functions of the M.C.

B: That at the informal one-generation dance one was infinitely more at ease and worth knowing, and that on such occasions one was better able to pick out the best from the ranks of the opposite sex.

A: That, on the contrary, the snap decisions which one must make in choosing partners without proper introduction were to the advantage of the well-favoured frippet at the expense of her plainer but wittier rivals.

At this stage the argument was saved from an abrupt descent into personalities by the following intervention from C: That the artificial atmosphere of all types of dance was such that no worth-while acquaintances could be made and no intelligent discussion could flourish; that many dances were darned uncomfortable anyway; that dancing was conducive to vanity in the female and effeminacy in the male; that it was an expensive luxury, and that all intelligent people should allow dancing to die a natural death.

No further conclusions were reached and I, being unable to decide who was in the right, finished the discussion of my humble sausage and hurried away to take note of the various arguments. These may lead others to interesting conclusions of their own.

EVELYN TENT.

CORRESPONDENCE

CENTENARY OF ANÆSTHETICS

To the Editor, St. Bartholomew's Hospital Journal.

Sir,

Dr. C. Langton Hewer points out that the centenary of the administration of chloroform will be 1948. There seems however to be no doubt that 1946 marks the centenary of the first administration of anæsthetics in this country.

It has been recorded as follows, and is usually accepted that: "Liston, with the aid of William Cadge, afterwards of Norwich, performed the first operation under ether in Europe on December 21st, 1846. The patient was a man suffering from septic arthritis of the knee. The thigh was amputated in twenty-five seconds, and the patient left the University College Hospital cured on February 11th, 1847."

It is of interest to note that S. J. Tracy published a pamphlet at St. Bartholomew's Hospital entitled "Description of an Apparatus for the Inhalation of Ether Vapour, with some remarks on its use." The preface of this pamphlet is dated 25th March, 1847.

The pamphlet begins "At the termination of the last year" (1846) "we received a communication from America, through Dr. Boott, which will mark that epoch in the annals of medical history as one of stirring interest to the profession and to suffering humanity. The introduction of the vapour of ether for the annihilation of pain during surgical operations came upon us as a fact without preface, but as one bearing so much of probability, that the whole profession was at once prepared to entertain it. Little or no account of its application came to us with the intelligence of its discovery, save that Drs. Jackson and Morton, dentists, of Boston, had found that ether vapour had produced insensibility to pain during the extraction of teeth; so that it was left to the ingenuity of our countrymen to carry out the application of the fact.

"Immediately on its becoming known in this country, Mr. Skey requested me to extract some teeth from patients under its influence; and for that purpose Mr. Ferguson, instrument-maker to the hospital, supplied us with a common vapour inhaler, which was charged with ether."

From this it seems quite clear that ether was used for anæsthetic purposes at St. Bartholomew's Hospital in 1846, by S. J. Tracy, at the request of Mr. Frederick Carpenter Skey, at that time a member of the surgical staff, for cases of dental extractions.

Yours faithfully,

6, Ipswich Road, Norwich. CHARLES NOON, F.R.C.S.

July 26, 1946.

WE HAVE BEEN WARNED

To the Editor, St. Bartholomew's Hospital Journal

Sir,

One cannot help but admire your courage in planning a Gossip Column. But pause awhile, I beg of you, to consider your actions. In the Spring of 1936, as some may remember and any who wishes can verify, Geoffrey Flavell had the same idea. Perhaps our error was that we sprang "Sequestra"—by 'The Probe'" on an unsuspecting public. I was "The Probe." Of the "Sequestra" themselves I need say little save that as I had taken the precaution of lampooning only my personal friends I escaped any serious legal action. But I dare not visualise the consequences of gossiping about one's enemies. But the column also contained Charles Fletcher's first *Candid Camera* study—of Dr. Geoffrey Evans and Dr. George Graham, respectively solemn and mournful, contemplating an unseen cadaver in the post-mortem room. The caption, if I may remind you, readers, was "Let us Pray: A Shot at the recent Oxford Group Rally." Following publication there was an uneasy silence for a few days except in the Abernethian Room where almost uniform praise was expressed. The JOURNAL had woken up at last. But then the storm broke. It was undignified: it was irreligious: it wasn't funny: it was a scandalous thing (said one correspondent) that Drs. Graham and Evans had joined the Group: it was a splendid thing (said another) that they had seen the light.

Now in some ways this was a good thing, for in those days piles of unclaimed journals lay in the cloakroom each month and the same criticisms of dullness and thinness were levelled at it as are today. Flavell, in three months, had the JOURNAL going like the proverbial hot cakes and this he did in three ways. Firstly, he brought it out on the first of the month. (My copy reached me today, the 24th, after forwarding it is true, but it still left the printer's *after* the "last day for receiving contributions"). Secondly, he wrote brilliant editorials. Thirdly, he saw that it recorded the doings of the students whose journal it is. (This legacy persists to some extent today). "Sequestra" certainly helped the renaissance but this feature was very soon killed by the weighty opinions of dry-as-dust members of the staff. Only the *Candid Camera* persisted and this was shorn of comment. Caricatures were censured. Always the reason given was that the JOURNAL had a circulation (about two dozen complimentary copies) outside the hospital and its subscribers and that these people might form a poor opinion of our saintly institution.

Therefore, sir, I say Go warily! Remember that many of your readers are incapable of appreciating a joke in the pages of the JOURNAL. *Punch*, yes: *Esquire*, possibly: but the JOURNAL, no. Be prepared, too, for a libel action or a horse-whipping or both. But if on improvements you are bent then start by publishing on the first of the month even if this means skipping a whole issue to do it.

I remain, sir, your obedient servant,

HOGARTH.

Sevenoaks,
August 24th, 1946.

OBITUARY

VERNON THORNE THORNE, M.B., B.Ch., D.T.M. & H.

Vernon Thorne Thorne, born 1904, was the son of Dr. Richard Thorne Thorne and grandson of Sir Richard Thorne Thorne, K.C.B., F.R.S., F.R.C.P., both sons of Bart.'s and the latter on the teaching staff of the Hospital.

Educated at Marlborough and Caius, Cambridge, he entered Bart.'s in 1926, and after qualifying, joined his father in general practice in Woking, but after three years decided to join the Colonial Medical Service and chose Nigeria as his Colony. When the war broke out in 1939, failing to obtain release to join the R.A.M.C., he continued with his duties in Nigeria and the British Cameroons and worked exceedingly hard for long extended tours. He became seriously ill in March, 1945, and was invalided home in June of that year, suffering from a tropical form of Chronic Endocarditis. After three months in hospital, he returned to his home, where he died on August 5th, 1946. He was married at St. Bartholomew's the Great in January, 1938, and leaves a wife and daughter.

POEM ?

The boy sat on the burning deck,
A "Bainbridge" on his knee.
With fuming rage he closed the book
And flung it in the sea.
The sea endeavoured to digest
Its contents, but in vain.
With anguished might, a wave swept up
And flung it back again!
By now the deck was burning fast
The student did prepare
To hastily abandon ship
And leave his "Bainbridge" there.

But sentiment o'ercame the lad
So, grasping book in hand,
He plunged into the raging sea
And rapidly made land.
The years rolled by, his luck was in,
And having passed "M.B.,"
Our lad, commissioned Surgeon Lieut.,
Returned to roam the sea.
In still of night, our hero sleeps
And lets day's duties slide.
A lucky man is he who sleeps
With "Bainbridge" by his side!

MESONEPHROS.

ABERNETHIAN SOCIETY MEETINGS

At 5.30 p.m. in the Anatomy Lecture Theatre, Charterhouse Square.

Thursday, October 17th.—Prof. A. J. E. Cave (recently appointed Professor of Anatomy at Bart.'s) on "The Contributions of Ancient Egypt to Anatomy and Surgery."

Thursday, October 24th.—Medical Films.

"Now where's that other piece of Slippery Elm?"

Saturday, July 13th, v. Bromley C.C., at Chislehurst; Drawn.

BROMLEY: 206 for 7 declared.
ST. BART'S HOSPITAL: 125 for 6 wickets.
P. D. Moyes 45, P. H. R. Hawkes 14, J. S. Vazifdar not out 14.

Saturday, July 20th, v. Rabbits, at Chislehurst; Drawn.

RABBITS: 186 all out.
ST. BART'S HOSPITAL: 146 for 8 wickets.
P. H. R. Hawkes 32, P. D. Moyes 20, D. F. Aubin 20, J. E. R. Dixon 18, N. G. O. Gourlay 18.

Sunday, July 21st, v. Public School Wanderers, at Chislehurst; Drawn.

PUBLIC SCHOOL WANDERERS.

K. H. S. Wilson, b Elliott	41
A. P. Henderson, c Elliott, b Morgan ...	56
G. J. Higgins, c Gourlay, b Odlum	10
M. D. L. Hart, st Struthers, b Vazifdar ...	59
H. J. Etheridge, b Haigh	12
D. Chapman, not out	33
P. Edley, not out	11
Extras	15
(For 5 wkts. dec.)	237

Bowling: Ewart-Davies, 11—0, 61—0; Vazifdar, 9—1, 42—1; Odlum, 8—1, 32—1; Elliott, 6—0, 19—1; Morgan, 9—0, 51—1; Haigh, 3—0, 20—1.

ST. BART.'S HOSPITAL.

J. S. Vazifdar, c Chapman, b Hart	11
P. Haigh, c Higgins, b Henderson	11
R. Morgan, c Aubin, b Hart	0
N. G. O. Gourlay, c and b Aubin	38
J. N. Cozens-Hardy, b Aubin	24
C. G. Elliott, b Burton	19
H. R. Odlum, not out	28
R. A. Struthers, c Henderson, b Aubin ...	0
T. Ewart-Davies, c Etheridge, b Hart ...	11
D. G. Taylor, not out	0
Extras	15
(For 8 wkts.)	158

Saturday, July 27th v. Broadwater C.C. at Worthing —Lost.

ST. BART.'S HOSPITAL.

J. E. R. Dixon, c Suttle b Pollard	24
J. S. Vazifdar, b Wellman	6
R. Morgan, c Duffield b Pollard	1
N. G. O. Gourlay, b Wellman	0
D. Thompson, c Taylor b Pollard	2
H. R. Odlum, b Mills	39
R. A. Struthers, st —— b Pollard	4
D. G. Taylor, c Pollard b Mills	0
P. Goodrich, c Suttle b Pollard	3
H. Whitting, b Hills	0
W. G. Dawson, not out	6
Extras	5
	90

BROADWATER C.C.

Suttle, c Dawson b Morgan	63
Greenfield, c Morgan b Vazifdar	27
Bartlett, st Struthers b Thompson	16
White, run out	1
Hobden, c Gourlay b Thompson	6
Taylor, not out	5
Wellman, c and b Thompson	3
Extras	2
(for 6 wkts.)	123

BOWLING.

Vazifdar ...	10	1	1	37
Odlum ...	7	1	0	33
Morgan ...	6	0	1	34
Thompson ...	5	0	3	16
Whitting ...	1	0	0	1

Sunday, July 28th. Past v. Present at Chislehurst.

Never have we begun so well. Off to a late start, Hawkes and Dixon played with complete confidence. Two overs from Gallimore kept Hawkes very quiet, but otherwise the scoring was steady, and in the 75 minutes before lunch, 98 runs were scored—Hawkes 50, Dixon 46. Hawkes came out ten minutes after lunch, the opening stand producing 124. Dixon was out at 152 for a delightful 82, and there followed some cheap wickets, until at 161 for 6, Gourlay was joined by Elliott and they forced the pace, to allow a declaration at 224, leaving the Past an awkward three-quarters of an hour before tea. Paget and Napier were the most successful bowlers, both coming on after lunch, Paget bowling most tempting slow off-breaks to a scattered field.

Two valuable wickets fell to Vazifdar before tea, but Paget and Gabb stayed together and put on 48. When Odlum was brought on to bowl, the innings soon ended, Ballantyne being bowled by a googly which he left alone, and Napier run out by an excellent throw from Hawkes on the square leg boundary. The last wicket fell at 6.10 with 20 minutes to spare.

PRESENT.

P. H. R. Hawkes, c Gallimore b Cochran ...	57
J. E. R. Dixon, c O'Connell b Napier	82
R. Morgan, c Ballantyne b Paget	4
J. S. Vazifdar, b Paget	5
N. G. O. Gourlay, not out	39
H. R. Odlum, c Gallimore b Napier	1
P. Haigh, lbw b Paget	0
C. G. Elliott, not out	23
Extras	13
R. A. Struthers, M. Whiteley and G. Hicks did not bat	
(for 6 wkts. dec.)	224

BOWLING.

Cochran	12	1	47	1	Dingley	4	0	13	0
Williams	5	1	14	0	O'Connell	3	0	16	0
Ballantyne	6	0	56	0	Napier	5	1	21	2
Gallimore	8	1	28	0	Paget	7	0	27	3
Gabb	3	0	10	0					

PAST.

J. North, b Vazifdar	7
C. Paget, c Gourlay b Odlum	47
J. Gallimore, b Vazifdar	0
W. H. Gabb, c and b Odlum.....	21
R. Ballantyne, b Odlum	1
A. Dingley, b Odlum	4
J. Napier, run out	0
J. O'Connell, c and b Morgan	5
D. Williams, b Odlum	1
J. Cochrane, not out	5
S. Hewitt, c Struthers b Odlum	8
Extras	6
	105

BOWLING.

Hawkes	...	7	1	20	0
Vazifdar	...	7	4	12	2
Elliott	...	4	0	12	0
Odlum	...	12	2	38	6
Morgan	...	10.2	2	19	1

Saturday, August 3rd v. Old Millhillians at Chistlehurst—Lost.

ST. BART.'S HOSPITAL.

P. D. Moyes, b Saunders	3
J. E. R. Dixon, lbw b Ford	65
N. G. O. Gourlay, b Saunders	18
J. S. Vazifdar, b Catesby	13
R. Morgan, c Naylor b Catesby	1
H. R. Odlum, b Saunders	13
C. G. Elliott, lbw b Lawther	13
P. Haigh, b Saunders	1
R. A. Struthers, not out	3
T. Ewart-Davies, not out	1
C. P. Newcombe did not bat.	
Extras	8
(for 8 wkts. dec.)	139

OLD MILLHILLIANS.

D. V. Saunders, c Moyes b Ewart-Davies	4
D. Thatcher, c Vazifdar b Ewart-Davies	5
F. W. Naylor, c Morgan b Odlum	32
A. I. Goldman, not out	70
C. R. Ford, b Odlum	3
I. M. Lawther, not out	28
Extras	4
(for 4 wkts.)	146

BOWLING.

Ewart-Davies	11	1	2	21
Newcombe ...	5	0	0	15
Odlum ...	8	0	2	47
Vazifdar ...	8	1	0	45
Morgan ...	3	0	0	14

Sunday, August 4th v. Broxbourne at Broxbourne—Won.

Vazifdar and Gourlay enjoyed the Broxbourne bowling to the extent of 65 runs. Vazifdar came out first endeavouring to cut a ball outside the off stump; but it rose and he placed it in gully's hands. Gourlay was tempted by several similar ones until at last he got a snick and the wicket-keeper held it; his innings included six fours. Cozens-Hardy, having had about an hour's practice, hit the ball far when he went in, but picked the longest boundary of all to aim at, and just failed to reach it with a six, though he landed three fours. A hat-trick disposed of Morgan, Odlum and Elliott, but Struthers came to our rescue with some fine drives and a 22 not out.

Vazifdar set an elaborate leg-trap bristling with short legs all placed to the nearest blade of grass, and got the opening bat caught off his first ball in the slips. Bowling with similar abandon he took more wickets in his third, fifth and seventh overs and was then taken off presumably for being too good. Odlum got into difficulties with his run and bowled a no-ball, then brought the innings to an abrupt end with the beginnings of a hat-trick.

ST. BART.'S HOSPITAL.

P. D. Moyes, c Noble b Stalley	2
J. S. Vazifdar, c Palmer b Clare	27
N. Gourlay, c Noble b Clare	39
R. Morgan, b Stalley	5
J. Cozens-Hardy, b Bailey	18
H. R. Odlum, b Stalley	0
C. G. Elliott, lbw b Stalley	0
R. A. Struthers, not out	22
P. Haigh, c Noble b Bailey	6
T. Ewart-Davies, b Clare	2
P. Goodrich, lbw b Clare	8
Extras	10
	139

BROXBOURNE.

Champion, b Ewart-Davies	4
Clare, c Ewart-Davies b Vazifdar	0
Hunt, c Gourlay b Vazifdar	9
Hollow, lbw b Ewart-Davies	7
Bailey, b Vazifdar	15
Chase, b Vazifdar	3
Dart, lbw b Odlum	11
Noble, not out	13
Stalley, run out	4
Clare, b Odlum	17
Palmer, b Odlum	0
Extras	13
	96

BOWLING.

Ewart-Davies	7	1	2	24
Vazifdar ...	7	2	4	20
Elliott ...	6	2	0	24
Odlum ...	5.2	0	3	16

Monday, August 5th v. Stanmore at Stanmore—Lost.

STANMORE.

M. Daly, lbw b Ewart-Davies	1
J. Rafter, b Vazifdar	3
A. E. Morgan, c Morgan b Ewart-Davies	40
R. F. Curtis, b Ewart-Davies	0
J. B. Chapman, b Vazifdar	0
K. H. Chapman, c Kelly b Ewart-Davies	0
A. W. Rundle, c Moyes b Morgan	3
D. Dakin, st Moyes b Odlum	1
J. G. Boys, b Ewart-Davies	12
H. F. Osborne, lbw b Ewart-Davies	0
J. Murphy, not out	2
K. E. Watson, b Ewart-Davies	0
Extras	9
	71

BOWLING.

Ewart-Davies	10.4	3	7	18
Vazifdar ...	5	2	2	11
Morgan ...	9	2	1	23
Odlum ...	4	0	1	10

ST. BART.'S HOSPITAL.

P. D. Moyes, b Rafter	1
J. Vazifdar, b Chapman	10
N. Gourlay, b Chapman	3
R. Morgan, b Rafter	2
P. Haigh, b Rafter	0
H. R. Odlum, c Boyes b Chapman	6
C. G. Elliott, lbw b Chapman	14
R. A. Struthers, b Rundle	4
T. Kelly, b Chapman	0
D. G. Taylor, c Daly b Rundle	5
T. Ewart-Davies, not out	1
W. G. Dawson, b Rafter	0
Extras	4
	50

ST. BARTHOLOMEW'S HOSPITAL.

TIME FOR ATTENDANCE IN THE OUT-PATIENTS' AND SPECIAL DEPARTMENTS.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
MEDICAL OUT-PATIENTS New Cases : 9 a.m.	Dr. Hayward Dr. R. Bodley-Scott at 9 a.m.	Prof. R. V. Christie Dr. E. F. Scowen at 9 a.m.	Dr. Black Dr. Oswald at 9 a.m.	Dr. Hayward Dr. Bodley-Scott at 9 a.m.	Prof. R. V. Christie Dr. E. F. Scowen at 9 a.m.	Dr. Black Dr. Oswald at 9 a.m.
SURGICAL OUT-PATIENTS New Cases : 9 a.m.	Mr. A. Hunt at 9 a.m.	Mr. M. Boyd at 9 a.m.	Mr. Underwood at 9 a.m.	Mr. Naunton Morgan at 9 a.m.	Mr. H. Rodgers at 9 a.m.	Prof. Paterson Ross at 9 a.m.
DISEASES OF WOMEN & ANTE-NATAL	Mr. John Beattie at 9 a.m.		Dr, Wilfred Shaw (Gynae) at 12.30 p.m.	Mr. D. B. Fraser ante-natal 12 - 30 p.m.		Mr, D. B. Fraser (Gynae) at 9 a.m.
ORTHOPAEDIC DEPARTMENT	Mr. J. Burrows at 1 p.m.			Mr. S, L. Higgs at 1 p.m.		
THROAT NOSE & EAR DEPARTMENT	Mr. J. C. Hogg at 9 a.m.	Mr. N. Jory (Aural) at 1 p.m.		Mr. Bedford Russell at 9 a.m.	Mr. Capps at 1 p.m.	
OPTHALMIC DEPARTMENT	Mr. H. B. Stallard at 9 a.m.	Mr. Rupert Scott at 1 p.m.		Mr. H. B. Stallard at 9 a.m.	Mr. Rupert Scott at 1 p.m.	
SKIN DEPARTMENT		Dr. R. M. MacKenna at 9 a.m.	Dr. R. M. MacKenna at 9 a.m.		Dr. R. M. MacKenna at 9 a.m.	
DISEASES OF CHILDREN	Dr. Charles Harris Dr. Franklin at 1 p.m.	Dr. Charles Harris at 1 p.m.			Dr. Franklin at 1 p.m.	
DENTAL DEPARTMENT	9 a.m.	9 a.m.	9 a.m.	9 a.m.	9 a.m.	9 a.m.
TUBERCULOSIS DISPENSARY		12.30 - 2.30 p.m. † 5 - 7 p.m. (Art. Pneumothorax Clinic at 3 p.m.)			3 p.m.	
VENEREAL DEPARTMENT	Men 11.30 - 2 p.m. Male Irrigations 9 a.m. - 6 p.m.	Male Irrigations 9 a.m. – 6 p.m.	Male Irrigations 9 a.m. . 6 p.m.	Men 11.30 - 2 p.m. Male Irrigations 9 a.m - 6 p.m.	Women & Children 11.30 - 2 p.m. Male Irrigations 9 a.m. - 6 p.m.	Male Irrigations 9 a.m. - 2 a.m.
*** PLASTIC SURGERY**			Mr. A. Mcincdoe at 1 p.m. *from Oct. 1st.*			
*** PSYCHOLOGICAL DEPT.**				Dr. E. B. Strauss at 1.30 p.m. (New Cases only)	Dr. E. B. Strauss at 1.30 p.m. (Old Cases only	
*** NEUROLOGICAL DEPT.**		Dr. A. Turner at 1 p.m.			Dr. A. Turner at 1 p.m.	

* **By appointment only with Welfare Department.**

† **These hours are intended only for patients who cannot attend at mid-day.**

August, 1946.

EXAMINATION RESULTS

UNIVERSITY OF OXFORD

SECOND B.M. EXAMINATION, TRINITY TERM, 1946

Pharmacology and Principles of Therapeutics
Fairbank, W. H. D. Griffiths, A. W.
Glossop, M. W.

General Pathology and Bacteriology
Evans, H. A.

Medicine, Surgery, Midwifery
Brooks, D. Hall Cozens-Hardy, J. N.

UNIVERSITY OF CAMBRIDGE

FINAL M.B. EXAMINATION, EASTER TERM, 1946

Part I. Surgery, Midwifery and Gynæcology
Bracewell, G. A. Marsh, E. D.
Clarke, L. W. Williams, R. D.
Shairp, B. E. Buchanan, J. H. S.
Bradford, D. C. Richards, D. H.

Part II. Principles and Practice of Physics, Pathology and Pharmacology
Clarke, L. W. Whitmore, H. B.
Mail, W. D. Finlayson, R.
Dixey, J. R. B.

CONJOINT BOARD

PREMEDICAL EXAMINATION, JUNE, 1946

Physics
Heckford, J. Ladell, R. C. H.

Biology
Heckford, J. O'Reilly, P. B. M.

FIRST EXAMINATION, JUNE, 1946

Anatomy
Abraham, R. J. D.

Physiology
Hacking, S. Abraham, R. J. D.

Pharmacology
Begley, M. D. March, N. C.
Blackman, J. H. Maude, A. R.
Butcher, P. J. A. Merory, P. H.
Davy, P. H. Monckton, J.
Evans, C. M. W. Molesworth, P. R. H.
Felix-Davies, D. D. Osborn, T. W.
Friedman, D. E. I. Peters, W.
Glenister, T. W. A. Pugh, J. I.
Hadfield, G. J. Sacks, D.
Hindle, J. F. Smallwood, R. I. L.
Jowett, J. H. G. Thacker, C. K. M.
Lindon, R. L. Thomson, W. M.
Mangan, M. K. Vazifdar, J. S.

Pathology
Colley, R. O. N. G. Pearson, F. A.
Dosseter, A. E. Pilling, A.
Elliott, C. G. Pugh, J. I.
Forster, A. L. Renwick, R.
Hadfield, G. J. Thacker, C. K. M.
Jenkins, J. S. Timmis, P.
Molesworth, P. R. H. Treharne, P. G.
Maitland, R. I. Williamson, T. B.

FINAL EXAMINATION, JULY, 1946

Medicine
Cartledge, V. L. Newcombe, C. P.
Davis, P. R. Osborn, T. W.
Fuller, J. D. Pavey-Smith, J.
Hadfield, G. J. Pugh, J. I.
Haire, I. R. Shairp, B. E.
Hopwood, G. M. Thacker, C. K. M.
Molesworth, P. R. H. Timmis, P.

Surgery
Atteridge, J. H. Noon, C. F.
Brierley, D. S. N. Proctor, I. R. D.
Buchanan, J. H. S. Pugh, J. I.
Cooke, H. G. W. Renwick, R.
Hadfield, G. J. Richards, D. H.
Hopper, P. K. Storey, B. H.
Jackson, I. Thacker, C. K. M.
McCluskey, K. A. Timmis, P.
Molesworth, P. R. H. Williamson, T. B.

Midwifery
Bradford, D. C. Pugh, J. I.
Cheshire, D. J. E. Thacker, C. K. M.
Cooke, H. G. W. Timmis, P.
Cocks, R. A. Weston, P. A. M.
Deane, K. R. H. Williamson, T. B.
Forster, A. L.

The following students have completed the examinations for the Diplomas M.R.C.S., L.R.C.P.
Cartledge, V. L. Pavey-Smith, J.
Davis, P. R. Pugh, J. I.
Fuller, J. D. Renwick, R.
Haire, I. R. Shairp, B. E.
Jackson, I. Thacker, C. K. M.
Newcombe, C. P. Timmis, P.

ANNOUNCEMENTS

CHANGES OF ADDRESS

R. H. BARRETT to 72, Cole Park Road, Twickenham.

S. H. C. CLARKE to Brooke House Hotel, Brooke Street, London, E.C.3.

G. DALLEY to Penarol, Parkstone, Dorset. Tel.: Parkstone 30.

C. MARTIN-DOYLE to the Riffel House, Claines, Worcestershire. Tel.: Fernhill Heath 28. Professional address: Castle Street, Worcester.

A. J. H. SPAFFORD to Manor Cottage, Whitchurch, Oxon.

FENCING

The Bart.'s Fencing Club, which has been non-existent during the war, has now resumed activities.

The Dean has kindly accepted the presidency and officers have been elected. The facilities for fencing have been meagre, but a team has been formed to carry the colours of Bart.'s for the time being.

Our first fixture was against London Hospital, when we put up a fairly good show, losing the foils by 7—9, but winning sabre by 5—4; with more practice we may hope for better results.

TEAM: Messrs. Lindon, Nielson, Rosen, Ussher (capt.), Benett. G. R. B.